

**WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)**

Commonwealth of Virginia VA. CODE § 16.1-79

Bedford

CITY OR COUNTY

General District Court

123 E Main St, Ste. 101, Bedford, VA 24523

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summon the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

August 11, 2016 @ 9:30 AM to answer the Plaintiff(s)' civil claim (see below)

RETURN DATE AND TIME

5-9-16

DATE ISSUED

Donita Brown  
[ ] CLERK [x] DEPUTY CLERK [ ] MAGISTRATE**CLAIM:** Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of\$ 25,000.00 net of any credits, with interest at 6.00 % from date of DOJ until paid,\$ 46.00 costs and \$ attorney's fees with the basis of this claim being

[ ] Open Account [ ] Contract [ ] Note [x] Other (EXPLAIN)

Negligent infliction of emotional distress on January 11, 2016 at Lynchburg General Hospital.

HOMESTEAD EXEMPTION WAIVED? [ ] YES [x] NO [ ] cannot be demanded

DATE

[ ] PLAINTIFF [x] PLAINTIFF'S ATTORNEY [ ] PLAINTIFF'S EMPLOYEE/AGENT

**CASE DISPOSITION**

JUDGMENT against [ ] named Defendant(s) [ ]

for \$ net of any credits, with interest at % from date

of until paid, \$ costs and \$ attorney's fees

HOMESTEAD EXEMPTION WAIVED? [ ] YES [ ] NO [ ] CANNOT BE DEMANDED

[x] JUDGMENT FOR [x] NAMED DEFENDANT(S) [ ]

[ ] NON-SUIT [x] DISMISSED With Particulars See AttachedDefendant(s) Present? [x] YES By Court

[ ] NO

DATE

FORM DC-412 (PAGE ONE OF TWO) 07/04/08

CASE NO. GV16000786-00

Charlena Marie Blakey

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

Amherst, VA 24521

V.

Wesley T. Gillespie

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

Forest, VA 24551

**WARRANT IN DEBT**

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice on the reverse about requesting a change of trial location.

[ ] To dispute this claim, you must appear on the return date to try this case.

[ ] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars 6/20/16 7/25/16  
ORDERED DUEGrounds of Defense 6/20/16 8/22/16  
ORDERED DUE

ATTORNEY FOR PLAINTIFF(S)

M. Paul Valois, Esq.

7601 Timberlake Rd, Lynchburg, VA 24502

**CERTIFICATE PURSUANT TO VIRGINIA CODE SECTION 8.01-391-B**

ATTORNEY FOR DEFENDANT(S)

This is to certify that I am the legal custodian of the foregoing record and further that this is a true and authentic copy of the original record.

Clerk

By: Mary M. Russell  
Deputy Clerk

HEARING DATE AND TIME

8-11-169:30 AMContested9 HRS10/6/161:30 PM

JUDGMENT PAID OR SATISFIED PURSUANT TO ATTACHED NOTICE OF SATISFACTION.

DATE

CLERK

DISABILITY ACCOMMODATIONS for loss of hearing, vision, mobility, etc., contact the court ahead of time.

**RETURNS:** Each defendant was served according to law, as indicated below, unless not found.

|                                                                                                                                                                                                                                                                           |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| NAME ..... Wesley T. Gillespie .....                                                                                                                                                                                                                                      |                       |
| ADDRESS ..... [REDACTED] .....                                                                                                                                                                                                                                            |                       |
| Forest, VA 24551 .....                                                                                                                                                                                                                                                    |                       |
| <input type="checkbox"/> PERSONAL SERVICE                                                                                                                                                                                                                                 | Tel. No. ....         |
| Being unable to make personal service, a copy was delivered in the following manner:                                                                                                                                                                                      |                       |
| <input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above. |                       |
| <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)                                                                                |                       |
| <input type="checkbox"/> Served on Secretary of the Commonwealth                                                                                                                                                                                                          |                       |
| <input type="checkbox"/> NOT FOUND                                                                                                                                                                                                                                        | SERVING OFFICER ..... |
| DATE ..... for .....                                                                                                                                                                                                                                                      |                       |

|                                                                                                                                                                                                                                                                           |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| NAME .....                                                                                                                                                                                                                                                                |                       |
| ADDRESS .....                                                                                                                                                                                                                                                             |                       |
| <input type="checkbox"/> PERSONAL SERVICE                                                                                                                                                                                                                                 | Tel. No. ....         |
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| <input type="checkbox"/> Served on Secretary of the Commonwealth                                                                                                                                                                                                          |                       |
| <input type="checkbox"/> NOT FOUND                                                                                                                                                                                                                                        | SERVING OFFICER ..... |
| DATE ..... for .....                                                                                                                                                                                                                                                      |                       |

|                                                                                                                                                                                                                                                                           |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| NAME .....                                                                                                                                                                                                                                                                |                       |
| ADDRESS .....                                                                                                                                                                                                                                                             |                       |
| <input type="checkbox"/> PERSONAL SERVICE                                                                                                                                                                                                                                 | Tel. No. ....         |
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| <input type="checkbox"/> Served on Secretary of the Commonwealth                                                                                                                                                                                                          |                       |
| <input type="checkbox"/> NOT FOUND                                                                                                                                                                                                                                        | SERVING OFFICER ..... |
| DATE ..... for .....                                                                                                                                                                                                                                                      |                       |

**OBJECTION TO VENUE:**

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s)' name(s) and Defendant(s)' name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on

05/06/16  
DATE

☐ Plaintiff  
☒ Plaintiff's Atty.  
☐ Plaintiff's Agent

Fi. Fa. issued on .....

Interrogatories issued on: .....

Garnishment issued on .....